



CONSUMER COMPLAINT

Against a Licensed Certified Public Accountant or Licensed Public Accountant

Please read the instructions included before completing and submitting this form.

1. Your Name: _____
Address: _____
Daytime Telephone No.: _____

2. Information about the licensed accountant involved in the complaint.
(Note: If you are complaining about more than one accountant, please use a separate form for each accountant.)

Name: _____
Address: _____
Daytime Telephone No.: _____
License No.(if known): _____

3. Please attach a description of the facts of your complaint about this licensee. It is helpful if you attach copies of pertinent documents to submit with this form.

4. Have you advised the accountant of your complaint? ☐ Yes ☐ No
If not, please explain: _____

5. Have you attempted to resolve your concerns with the accountant? ☐ Yes ☐ No

6. Is there a written agreement or engagement letter between you and this accountant?
☐ Yes ☐ No If so, please attach a copy to this form.

Date Your Signature

FOR OFFICE USE ONLY

File No. _____

File Name _____

Assigned _____

DATE STAMP RECEIVED

American Disability Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation.

This document is available in an alternative format upon request.